

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department of Baltimore.

Permit No. 99862

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

Date of Death, May 17 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Schlesinger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Salesman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 406. N. Broadway.

Cause of Death, { First (Primary), Heart Disease  
Second (Immediate), 7 Day

Duration of Last Sickness, 7 Day

Place of Burial, F.P. Hebrew Cemetery

Date of Burial, May 19/87

Undertaker, Wm. S. Lee

Place of Business, 301 N. Broadway Address, 1437 N. E. St. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 99863 Office of Registrar of Vital Statistics.

Ward 8<sup>2</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant, not named, give names of parents. } Florence Scroggs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Three Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } No. 1438 Harford ave

Cause of Death, { First (Primary), Broncho- & Gastro-Intestinal Second (Immediate), Catarrh. }

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19 87

{ Undertaker, Wm S. Guy } { Ruge C. Clewell, M. D. } Medical Attendant.

{ Place of Business, 301 W Broadway } Address, 1741 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

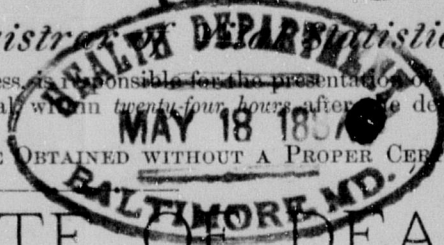
# Health Department, City of Baltimore.

Permit No. 99864 Office of Registrar Office of Registrar Statistics.

Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1887

Full Name of Deceased, John Deaka  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 24 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Married  
{ Cross out the words not required in this line. }

Occupation, Shoemaker

Birth Place, Przemia (Austria)  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 24 years

Place of Death, No 340 (Old No) E Fayette St  
{ Give Street and Number. }

Cause of Death, Softening of Brain  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National

Date of Burial, May 18 1887

Undertaker, Frank Cwach

Place of Business, 827 Durham Address, 25 S Eder St

G. P. Munderick M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 99865 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is requested for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Regina Rudolph

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, 2 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give Street and Number. } 1900 Orleans Str

Cause of Death, { First (Primary), Cancer of stomach Second (Immediate), inflammation }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 19 1887

{ Undertaker, John Henning } Baltimore M. D.

{ Place of Business, 2008 Orleans St Address, 949 Madison Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

# Health Department, City of Baltimore.

Permit No. 99866

Office of Registrar of Vital Statistics.

Ward 14<sup>1</sup>/<sub>2</sub>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 49 Years, — Months, — Days

Color, Brk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Annapolis Co.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give Street and Number. } 1029 Reboog St

Cause of Death, { First (Primary), Hemiplegia, Second (Immediate), }

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19<sup>th</sup> 1887

Undertaker, S. W. Chase M. D.

Place of Business, 641 S. Howard St Address, Presb. Chappell Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

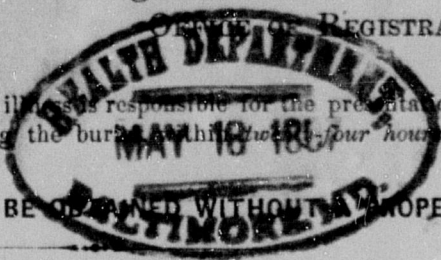
[OVER.]



# Board of Health, City of Baltimore,

Ward

Permit No. 99867



REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Young

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, forty eight Years, eight Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 912 Potomack St

Cause of Death, { First (Primary,) Laryngeal Phthisis  
Second (Immediate,) Exhaustion with typhoid condition

Duration of Last Sickness, Don't know attended one month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemtry.

Date of Burial, May 19th 1887

{ Undertaker, Wm. Nicolaus  
Place of Business, 1415 Alice Ann.

Address 414 E. Pattn Park Ave

J. R. May M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 99868 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elie M. Lauterbach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. }

No 17 W. Cross St  
Membranous Croup

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lebanon Hill

Date of Burial, May 18<sup>th</sup> / 87

Undertaker, B. J. Hall

Place of Business, 115 W. 7<sup>th</sup>

J. C. Burch M. D.

Medical Attendant.

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No. 99869 Office of Health Department Statistics. Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Artist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland, Ind. U.S. 33 yrs.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give Street and Number. } 707 W. Eager St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Poisoning (accident)

Duration of Last Sickness, 2 1/2 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 19<sup>th</sup> 1889

{ Undertaker, Joseph F. Byrne C.B. Gamble Jr. M. D. Medical Attendant.

{ Place of Business, 59<sup>th</sup> Liberty Address, 925 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

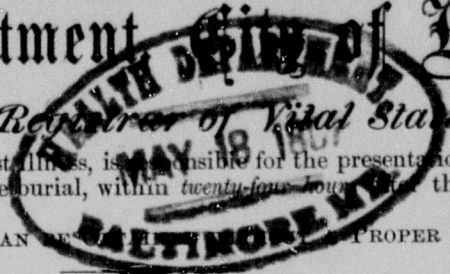
# Health Department City of Baltimore.

Permit No. 99870 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GIVEN WITHOUT PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1887

Full Name of Deceased, William Green {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 2024 Etting St

Cause of Death, {First (Primary), Second (Immediate),} Bright's Disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, May 18 1887

{ Undertaker, \_\_\_\_\_ Medical Attendant, \_\_\_\_\_ }  
{ Place of Business, \_\_\_\_\_ Address, \_\_\_\_\_ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. L. Roberts Inspector

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 9987 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 18 1887

Full Name of Deceased, Lilia F. Mulligan

Sex, Female

Age, 6 Years, 6 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Domestic

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1706 W. Lombard St.

Cause of Death, Membranous Croup

Asphyxia

2 days

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 19

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore St.

Address, 1701 W. Madison St.

James Bailey M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]